Governing Body Resolution

BE IT RESOLVED BY TH	EBOA	RD OF SUPERVISO	RS	
		(Governing Body)		
OF THE	COUNT	TY OF SAN LUIS OF	BISPO	THAT
		(Name of Applicant)		
	COUNTY	ADMINISTRATIVE	OFFICER	, OR
	(Name o	or Title of Authorized	Agent)	
	ASSISTANT CO	OUNTY ADMINISTR	ATIVE OFFIC	ER_, OR
	(Name o	or Title of Authorized	Agent)	
PRINCIPAL ADMINISTR		T/EMERGENCY SER of Title of Authorized		AGER, OR
	EMERGENC	Y SERVICES COOR	DINATOR	
		or Title of Authorized		
is hereby authorized to exe laws of the State of Califor provided by the federal Dep	nia, any actions ne	cessary for the purpos	se of obtaining t	federal financial assistance
Passed and approved this		_day of	, 2016	
Certification				
T.		, duly appoi	inted and	
(N	ame)	,, -PF		
Oft	he			
(Title)		(Governing Body)		
do hereby certify that the ab	ove is a true and co	orrect copy of a resolu	tion passed and	approved by the
do nereby certify that the at	ove is a true and ec			
	day of	,20		
			(O	fficial Position)
APPROVED AS TO FOR	v			(Signature)
AND LEGAL EFFECT Rita La Neal, County Court	vi cal			
(and nagan	10/19/10			(Date)
Deputy County Counsel	Date	W 25		